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N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit

: 2623

Customer No.: 035811

Examiner Serial No.

: Jason P. Salce : 09/881,075

Filed

: June 14, 2001

Inventor Title

: Daniel LeComte

: VIDEO INTERFACING AND

: DISTRIBUTION SYSTEM AND

: METHOD FOR DELIVERING

: VIDEO PROGRAMS

Docket No.: 1222-R-00

Confirmation No.: 8011

Dated: September 13, 2006

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
Amendment Transmittal Letter, in duplicate
Response

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney or Registered Representative:

	DLA Piper US LLP
	Customer No. 035811
By:	Many Ning
Date:	8/13/06



Attorney Docket No.: 1222-R-00

Serial No.:

09/881,075

Filed:

June 14, 2001

For:

VIDEO INTERFACING AND DISTRIBUTION SYSTEM AND METHOD FOR

DELIVERING VIDEO PROGRAMS

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- x No additional fee is required.

The fee has been calculated as shown below:

(Col. 3) (Col. 1) (Col. 2) CLAIMS HIGHEST NO. PRESENT REMAINING AFTER **PREVIOUSLY EXTRA** AMENDMENT PAID FOR TOTAL *38 **39 = 0 ** 3 = INDEP. Application Size Fee First Presentation of Multiple Dependent Claim

	RATE	ADD'L FEE	0
ı	x 25 =	\$	
۱	x 100 =	S	
1		\$	
I	+ 180 =	\$	
			•

SMALL ENTITY

\$ <u>0</u>

OTHER THAN

SMALL ENTITY		
RATE	ADD'L FEE	
x 50 =	\$	
x 200 =	\$	
x 250 =	\$	
+ 360 =	\$	

OR \$____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

TOTAL ADDITIONAL FEE

_	Please charge my Deposit Account No. 50-2719 in the amount of \$_	A duplicate copy of
	this sheet is enclosed.	

A abaak in	the amount of \$	is attached
A check in	ing amount of x	is anached

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- <u>x</u> Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

T. Daniel Christenbury Reg. No. 31,750 Attorney for Applicant

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